

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS (FOREIGN CORPORATIONS)

**TO BE USED ONLY BY ENTITIES PROVIDING HEALTH RELATED
PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS
AND ARCHITECTS**

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.gov

Name of Corporation _____
(must be the **exact** name as registered with the Nebraska Secretary of State)

Principal Place of Business _____
Street Address City State Zip

Practice of _____
(Please name profession corporation is engaged in)

_____ Check here if this is the first filing for a new foreign professional corporation

**PERSONNEL OF THE CORPORATION WHO WILL BE RENDERING
PROFESSIONAL SERVICES IN NEBRASKA AND/OR ARE
LICENSED IN NEBRASKA**

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

(please complete both pages)

PERSONNEL RENDERING PROFESSIONAL SERVICES IN NEBRASKA

(continued)

_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip

**OFFICERS SHAREHOLDERS AND DIRECTORS OF THE CORPORATION
WHO ARE NOT LICENSED IN NEBRASKA**

_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)

SIGNATURE OF OFFICER
OR INCORPORATOR _____ Date _____

SIGNATOR'S NAME & TITLE _____

Please Print or Type